

Utah Department of Health, Child Care Licensing
Out of School Time Program Renewal Application, Child Record Form

Program Name:

Date Review Completed: / /

Program Address:

Classroom Name / Age:

Caregiver Name(s):

Please follow the attached instructions when completing this form. Complete one form for each class/group in the Program. List all children enrolled in the class/group, including part-time children. **In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place.** Your Licensing Specialist will review this completed form as part of your Announced Inspection.

	1. Child's First Name	2. Child's Last Name	3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Admission Form, including child's full name; DOB; parents' name & contact information; names of authorized pick-up people (other than parents); name & phone # of emergency contact (if available); emergency medical transportation and treatment releases. Mark X for Yes or No.				5. Completed Health Assessment, reviewed, initialed by parent yearly. Mark X for Y or N.				6. Completed Transportation Permission Form, if the program transports children. Mark X for Y or N.			
1.			/ /		Yes		No		Yes		No		Yes		No
2.			/ /		Yes		No		Yes		No		Yes		No
3.			/ /		Yes		No		Yes		No		Yes		No
4.			/ /		Yes		No		Yes		No		Yes		No
5.			/ /		Yes		No		Yes		No		Yes		No
6.			/ /		Yes		No		Yes		No		Yes		No
7.			/ /		Yes		No		Yes		No		Yes		No
8.			/ /		Yes		No		Yes		No		Yes		No
9.			/ /		Yes		No		Yes		No		Yes		No
10.			/ /		Yes		No		Yes		No		Yes		No
11.			/ /		Yes		No		Yes		No		Yes		No
12.			/ /		Yes		No		Yes		No		Yes		No
13.			/ /		Yes		No		Yes		No		Yes		No
14.			/ /		Yes		No		Yes		No		Yes		No
15.			/ /		Yes		No		Yes		No		Yes		No
16.			/ /		Yes		No		Yes		No		Yes		No
17.			/ /		Yes		No		Yes		No		Yes		No
18.			/ /		Yes		No		Yes		No		Yes		No

Utah Department of Health, Child Care Licensing
Out of School Time Program Renewal Application, Child Record Form

	1. Child's First Name	2. Child's Last Name	3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Admission Form, including child's full name; DOB; parents' name & contact information; names of authorized pick-up people (other than parents); name & phone # of emergency contact (if available); emergency medical transportation and treatment releases. Mark X for Yes or No.				5. Completed Health Assessment, reviewed, initialed by parent yearly. Mark X for Y or N.				6. Completed Transportation Permission Form, if the program transports children. Mark X for Y or N.			
19.			/ /		Yes		No		Yes		No		Yes	No	
20.			/ /		Yes		No		Yes		No		Yes	No	
21.			/ /		Yes		No		Yes		No		Yes	No	
22.			/ /		Yes		No		Yes		No		Yes	No	
23.			/ /		Yes		No		Yes		No		Yes	No	
24.			/ /		Yes		No		Yes		No		Yes	No	
25.			/ /		Yes		No		Yes		No		Yes	No	
26.			/ /		Yes		No		Yes		No		Yes	No	
27.			/ /		Yes		No		Yes		No		Yes	No	
28.			/ /		Yes		No		Yes		No		Yes	No	
29.			/ /		Yes		No		Yes		No		Yes	No	
30.			/ /		Yes		No		Yes		No		Yes	No	
31.			/ /		Yes		No		Yes		No		Yes	No	
32.			/ /		Yes		No		Yes		No		Yes	No	
33.			/ /		Yes		No		Yes		No		Yes	No	
34.			/ /		Yes		No		Yes		No		Yes	No	
35.			/ /		Yes		No		Yes		No		Yes	No	
36.			/ /		Yes		No		Yes		No		Yes	No	
37.			/ /		Yes		No		Yes		No		Yes	No	
38.			/ /		Yes		No		Yes		No		Yes	No	
39.			/ /		Yes		No		Yes		No		Yes	No	
40.			/ /		Yes		No		Yes		No		Yes	No	
41.			/ /		Yes		No		Yes		No		Yes	No	
42.			/ /		Yes		No		Yes		No		Yes	No	
43.			/ /		Yes		No		Yes		No		Yes	No	
44.			/ /		Yes		No		Yes		No		Yes	No	

If a classroom has more than 42 children enrolled, copy and use the additional page below.

Utah Department of Health, Child Care Licensing
Out of School Time Program Renewal Application, Child Record Form

[illegible]